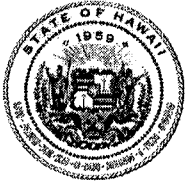


CS 1/6/03

B58
HAWAII

HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, PACIFIC TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

02 DEC -2 19 50

STATE OF HAWAII
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
BYERS	TERRI	J.	(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814-2126	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814-2126	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LESLIE T. HO			(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814-2126	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Human Services	<input type="checkbox"/>	Science, Technology & Economic Development
<input type="checkbox"/>	Communications & Public Utilities	<input checked="" type="checkbox"/>	Government Operations & Finance	<input type="checkbox"/>	Intergovernmental Relations, International Affairs	<input type="checkbox"/>	Tourism & Recreation
<input checked="" type="checkbox"/>	Consumer Protection & Commerce	<input type="checkbox"/>	Hawaiian Affairs	<input type="checkbox"/>	Labor & Employment	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/>	Health	<input type="checkbox"/>	Planning, Land & Water Use Management	<input type="checkbox"/>	Other: (indicate below)
<input type="checkbox"/>	Ecology, Energy Environmental Protection	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>Muri J. Byers</i></u> (Signature of Lobbyist)	<u>11-21-02</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
ROBERT J. WALKER	CHAIRMAN OF THE BOARD
NAME OF ORGANIZATION (if applicable)	TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII	(808) 521-8961
MAILING ADDRESS (Street)	FAX
932 WARD AVENUE, SUITE 430	(808) 599-2879
(City)	(State)
HONOLULU	HI
	(Zip Code)
	96814-2126
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u><i>Robert J. Walker</i></u> (Signature of Authorizing Officer or Person Represented)	<u>11/21/02</u> (Date)